PLEASE TYPE OR PRINT	Entered previous May Show
TW Ms	t yes □ no
☐ Mr. Artist	A LUDAIS
Permanent	(Last Name Last)
Address 2080 MIRA	
44121 Street Tel. (216	
Zip Area Code	
Temporary or Studio Address 500 Lo	NE PINE BOX 8
48013 Street Tel. (313	645-3345 Mi
Zip Area Code	
If you do not presently live in Western Reserve, which county	
Collaborator	
(If Any)	
If May Show entries are not ac	
Artist will pick up at Muse	um.
☐ Museum should dispose of	
	ist C.O.D. at this address:

When necessary include below instructions or a drawing of how the object is to be assembled and displayed.

This entry blank must be fully made out and signed. Unsigned entry blanks will not be accepted.

Note carefully calendar for delivery and return of objects. It is understood that the Museum will have the right to dispose for its own account any objects not called for by the dates listed.

It is also understood that accepted objects will remain on exhibition until May 30, 1982.

The submission of objects will be construed as acceptance of all conditions printed in the entry information.

Signature

DO NOT DETACH



REJECTED

DATE REJECTED